SEEC FORM 26—SHORT FORM

Independent Expenditure Statement for Persons

Revised August 2014



RECEIVED SEEC

Original \square Amendment

	The Court		2011	Official Use Only	Page 1 of 8				
1. NAME OF PER	SON MAKING INDEPEN	DENT EXPENI	TOTA ULT DITURE	1 P 3 08 1 4	1445				
National Shooting Sports Foundation, Inc.									
2. NAME OF IND	IVIDUAL FILING INDEP	T		TEMENT	Suffix				
Lawrence G. Keane									
Senior	Vice Presid	ent, As	sistant	Secretary & Gen	eral Counsel				
3. TELEPHONE & EMAIL ADDRESS OF INDIVIDUAL FILING INDEPENDENT EXPENDITURE STATEMENT									
(Include Area Code) 2(03-426-1320	Email Address	eane@n	ssf.org					
4. DATE (Check One	e Box)								
☐ Primary		Election 2	2014	☐ Referendum					
5. TYPE OF REPO	ORT (Check One Box)								
☐ January 10	☐ 7th day preceding prin	ıary l	☐ 7th day	☐ 24 hour Independent Expenditure St	atement for Primary				
□ April 10	☐ 30 days following prin	nary	preceding referendum	■ 24 hour Independent Expenditure Sta	atement for Election				
□ July 10	☐ 7th day preceding election		C 00 1	☐ 24 hour Independent Expenditure Sta	atement for Special Election				
☐ October 10	☐ 7th day preceding spec		☐ 90 days following referendum	☐ Amendment to (Type of Report)					
	☐ 45 days following spec	cial election		<u> </u>					
6. PERIOD COVE	RED								
	В	eginning Date		Ending Date					
	10/1	7/2014		10/17/2014					
			through	10/1/2011					
7. CERTIFICATION	ON OF INDIVIDUAL FIL	ING THE INDE	PENDENT EXT	PENDITURE STATEMENT					
I hereby certify and state, under penalties of false statement, that I have accepted my appointment as the individual authorized to file the Independent Expenditure Statement on behalf of the person. I further certify and state, under the penalties of false statement, that the information set forth on this Independent Expenditure Statement is a true, accurate and complete itemization of expenditures made or obligated to be made by the person, for the period covered, and that these expenditures and obligations were made independent of any other individual, political committee, party committee, or candidate committee, or agent thereof, and that the person has not been reimbursed.									
Zam	iens &	Rane	Lawre	nce G. Keane	10/17/2014				
SIGNATURE		•	PRINT NAME	OF SIGNER	DATE (mm/dd/yyyy)				

INDEPENDENT EXPENDITURES

	SUMMARY	
	COLUMN A This Period	COLUMN B Aggregate
8. Expenditures Made by a Person (Section A - Page 3)	\$59,998.99	\$59,998.99
9. Expenditures Obligated by a Person This Period but Not Paid (Section B - Page 4)	\$0.00	
10. Total Outstanding Expenditures Obligated	·-·····	
by a Person still Unpaid (Section B - Page 4)	\$0.00	
	\$0.00	
	\$0.00	

SEEC FORM 26-SHORT FORM INDEPENDENT EXPENDITURES REVOLD ADADD 2012

NAME OF PERSON MAKING INDEPENDENT EXI	PENDITURE (As repo	rted on Page	1, Line 1)	TYPE OF	REPORT		i di semene e e e como e i
National Shooting Sports Foundation, Inc. 24 Hour IE Report For Election							or Election
A. Inc	lependent Expen	ditures N	lade by Pers	son			
Name of Payee							of Expenditure
One Four Media			·			1	/17/2014
Street Address		City				State N A A	Zip Code
19 Fairview Drive Southboro						MA	01772
Independent Expenditure can behalf of more than one candidate? Descrip Yes No If yes, complete Section A. Addendum Televis	otion sion advertising. IE that r	either suppo	rts nor opposes a	candidate.	iE relates to is	sue advoca	cy voter education.
Name of Candidate (only complete if Independent Expenditure is on behalf of ON.	E candidate—if more than one, (Complete Section	1. Addendum) Offic	e Sought			По
							☐ Supported ☐ Opposed
Purpose of Expenditure (by code)	Expenditure Nur (if applicable)	nber	Associated with Re	eferendum?	، ، ۔ ،	Amou	
A-TV			🔲 Yes 🏾	No	\$54,1	99.0	U
Name of Payee	WO II - III					l l	of Expenditure
Facebook							/17/2014
Street Address 1 Hacker Way		Menle Menle	o Park			State CA	2ip Code 94025
Independent Expenditure on behalf of more than one candidate? Descrip	ption			-		<u>.</u>	
Yes No If yes, complete Section A. Addendum	et advertising. IE that ne	ither supports	s nor opposes a c	andidate. I	E relates to iss	ue advoca	cy voter education.
Name of Candidate (only complete if Independent Expenditure is on behalf of ON	E candidate-if more than one, (Complete Section .	4. Addendum) Offic	e Sought			☐ Supported
							☐ Opposed
Purpose of Expenditure	Expenditure Nur	nber	Associated with Re	eferendum?		Amou	nt
A-WEB	19 447122212		∐ Yes ■	No	\$5,79	9.99	
Name of Payee			(A)			Date o	of Expenditure
Street Address		City				State	Zip Code
Independent Expenditure cm behalf of more than one candidate? Descrip	ption						
Yes No If yes, complete Section A. Addendum							
Name of Candidate (only complete if Independent Expenditure is on behalf of ON	E candidate—if more than one, (Complete Section .	4 Addendum) Offic	e Sought			☐ Supported ☐ Opposed
Purpose of Expenditure	Expenditure Nur	nber	Associated with R	eferendum?	T	Amou	nt
(by code)	(if applicable)		☐ Yes ☐	No			
					and the second s		
							· variable for the state of the
	SUBTO	TAL Sect	on A This	Page \$	559,99	98.99	9
	TOTAL of	additiona	l Section A. P	ages §	0.00		
TOTAL OF ALL INDEPENDENT EXPENT	DITURES MADE I	BY PERSO	ON THIS PE	RIOD (559,99	8.99	•

SEEC FORM 26---SHORT FORM INDEPENDENT EXPENDITURES

NAME OF DEDCOMARACIZATO INDEPENDENT EVEL	PAULITINE //	J D	a I Francis	TOPE (F REPORT	-	
National Shooting Sports			e I, Line I)	- "		eport l	For Election
B. Independent Exper			erson this				
Name of Creditor				activity and a second a second and a second		- married contraction	Obligated
Street Address		City				State	Zip Code
Independent Expenditure on behalf of more than one candidate? Descriptio ☐ Yes ☐ No	ī.	L					
Name of Candidate (only complete if Independent Expenditure is on behalf of ONE co	andidate∾if more than one, (Complete Section	B. Addendum)	Office Sought			Supported Opposed
Purpose of Expenditure (by code)	Expenditure Nu	mber		ith Referendum' s □ No	? A	Amount C	bligated
Name of Creditor	and the second s	,				Date	: Obligated
Street Address		City		andanagan kana makabi kana kana kana ka		State	Zip Code
Independent Expenditure on behalf of more than one candidate? Description	m	l	<u></u>				<u> </u>
☐ Yes ☐ No H ^e yes, complete Section B. Addendum							
Name of Candidate (only complete if Independent Expenditure is on behalf of ONE of	andidateif more than one, (Complete Section	B. Addendum)	Office Sought			☐ Supported ☐ Opposed
Purpose of Expenditure	Expenditure Nu (if applicable)	mber		ith Referendum'	? A	Amount C	bligated
Name of Creditor	- Anna Carlo					Date	Obligated
Street Address		City				State	Zip Code
Independent Expenditure can behalf of more than one candidate? Descriptio Yes No If yes, complete Section B. Addendum	n						
Name of Candidate (only complete if Independent Expenditure is on helialf of ONE complete in the Candidate (only complete if Independent Expenditure is on helialf of ONE complete in the Candidate (only complete if Independent Expenditure is on helialf of ONE complete in the Candidate (only complete if Independent Expenditure is on helialf of ONE complete in the Candidate (only co	andidate—if more than one, (Complete Section	B. Addendum)	Office Sought			Supported Opposed
Purpose of Expenditure (by code)	Expenditure Nu (f applicable)	mber		ith Referendum'	? I	Amount C	bligated
	SUBTO		tion B T	his Page	\$0.00		
TOTAL of additional Section B. Pages					\$0.00		
TOTAL OF ALL INDEPENDENT EXI DURING THIS PERIOD BUT NOT PA			ED BY PI		\$0.00	gride, produktikans	
Previous Reported Independent	Expenditures U	npaid and	Still Outs	tanding	\$0.00	was as a second for	nakilin 1883 da kirin ministra ministra yang diping di da Pangaran da Maria da Maria da Maria da Maria da Mari
TOTAL OF ALL INDEPENDENT EXP	ENDITURES OF	BLIGATE (Ente	D BUT NO	OT PAID m A, Line 10)	\$0.00		

SEEC FORM 26.—SHORT FORM INDEPENDENT EXPENDITURES

NAME OF PERSON MAKING INDEPENDENT EXPENDITURE (As reported on Page 1, Line 1) TYPE (OF REPORT			
National Shooting Sports Foundation, Inc.					24 Hour IE Report For Election			
and the second s	C. Itemization o	f Reimbursements						
Name of Individual Reimbursed	момент и производительно можей предоста в выболения сельность по предоставления выполнения в	HISTORIA SAPE SATURA CERTAN ANCAS SANORA ANCAS SANORA ANCAS SANORA SANORA SANORA SANORA SANORA SANORA SANORA S	ang		AND THE PARTY OF T			
Name of Vendor, Person or Entity Pai	d by Individual							
Street Address of Vendor,, Person or E	intity	City			State	Zip Code		
Date of Payment to Vendor, Person or Entity	Purpose of Expenditure (by code)			Expe (if app	L enditure Num licable)	ber		
Description	L				Amo	unt		
Name of Individual Reimbursed								
Name of Vendor, Person or Entity Pai	d by Individual							
Street Address of Vendor,, Person or E	intity	City			State	Zip Code		
Date of Payment to Vendor, Person or Entity	Purpose of Expenditure			Expe (if app	I enditure Num dicable)	ber		
Description	<u></u>				Amo	ount		
Name of Individual Reimbursed		A	# 41 · · · · · · · · · · · · · · · · · ·					
Name of Vendor, Person or Entity Pai	A by Individual							
Traine of a chubi, I cason or Littly that	to y materialistic							
Street Address of Vendor,, Person or F	intity	City			State	Zip Code		
Date of Payment to Vendor, Person or Entity	Purpose of Expenditure (by code)	· · · · · · · · · · · · · · · · · · ·		Exp (if ap)	I enditure Num olicable)	ber		
Description					Amo	ount		
	SUBTO	TAL Section C This Pa	ge \$0.	.00				
	TOTAL of	additional Section C. Pa	ges \$0.	.00				
	TOTAL OF	ALL REIMBURSEMEI	\$0.	00				

INDEPENDENT EXPENDITURES

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NAME OF PERSON MAKING INDEPENDENT EXPENDITURE (As reported on Page 1, Line 1)	TYPE OF REPO	ORT	The Control of the Co
		SOCIETION SAMERANE TO SEE	Carrier Control of the Control of th
D. Covered Transfers in Excess of \$5,000			
If the independent expenditures reported in this form were made or obligated to be made hundred and eighty (180) days prior to the applicable primary or election, you must reput during the twelve month period prior to the applicable primary or election that are five aggregate.	ort any "co	vered transfe	rs" received
One or more of the pertinent covered transfers have been reported to the Fede Internal Revenue Service (IRS) and the person filing this form has submitted a colieu of reporting such covered transfers here.			
If this box is checked please list the applicable FEC Filer ID Number or IRS Employer	Identificati	on Number l	nere:
FEC Filer ID or IRS EIN#			
Note: Any covered transfers occurring within the relevant time period and not refilings must be reported below.	ported on t	he attached	FEC or IRS
Source of Covered Transfer—Name of Person Making Covered Transfer			
Address of Person Making Covered Transfer—City		State	Zip Code
Source of Covered Transfer-Name of Individual who Signed Check or Authorized Covered Transfer		Amo	unt
Source of Covered Transfer—Name of Person Making Covered Transfer	<u></u>		And the second s
Address of Person Making Covered Transfer—City		State	Zip Code
Source of Covered Transfer—Name of Individual who Signed Check or Authorized Covered Transfer		Amo	unt
Source of Covered TransfèrName of Person Making Covered Transfer	and the second s	r aceae regar ngungsysy a ro ron ycau webir di Mibod	
Address of Person Making Covered Transfer—City		State	Zip Code
Source of Covered TransferName of Individual who Signed Check or Authorized Covered Transfer		Amo	unt
Source of Covered Transfer—Name of Person Making Covered Transfer	yang gerapa papa di pang manandi katan		
Address of Person Making Covered Transfer—City		State	Zip Code
Source of Covered Transfer—Name of Individual who Signed Check or Authorized Covered Transfer		Ame	unt
	managamina ang kamananana a ma	rando haque a canadand Mandal San	tan area de como monte del de en esta como de la pel que produce de la pela

☐ See Additional Page(s)

NAME OF PERSON MAKING INDEPENDENT EXPENDITURE (As reported on Page 1, Line 1) TYPE OF	REPORT		
		ودعودت والتاوال وروان والتاوان والتوويد	Antono de la companya
E. Five Largest Covered Transfers Disclosed in Communica	ition		
If the independent expenditure reported in this form was for a communication made or obligated that is ninety (90) days immediately prior to the applicable primary or election, please rejuction to the applicable primary or election to the applicable primary or election.	port the fiv	e largest ag	ggregate
Source of Covered Transfer—Name of Person Making Covered Transfer	***************************************	Expenditure Nu Section	mber Number
Address of Person Making Covered Transfer—City	State	Zip (Code
Source of Covered Transfer—Name of Individual who Signed Check or Authorized Covered Transfer	L	Amount	
Source of Covered TransferName of Person Making Covered Transfer		Expenditure Nu Section	mber Number
Address of Person Making Covered Transfer—City	State	Zip (: Code
Source of Covered Transfer—Name of Individual who Signed Check or Authorized Covered Transfer	L.,	Amount	
Source of Covered Transf'er—Name of Person Making Covered Transfer		Expenditure Nu Section	mber <i>Number</i>
Address of Person Makin,g Covered Transfer—City	State	Zip (Code
Source of Covered Transfer—Name of Individual who Signed Check or Authorized Covered Transfer		Amount	
Source of Covered Transfer Name of Person Making Covered Transfer	, , , , , , , , , , , , , , , , , , ,	Expenditure Nu Section	mber Number
Address of Person Making Covered Transfer City	State	Zip C	Code
Source of Covered Transfer—Name of Individual who Signed Check or Authorized Covered Transfer	····	Amount	
Source of Covered Transfer—Name of Person Making Covered Transfer		Expenditure Nu Section	mber Number
Address of Person Makin _i g Covered Transfer—City	State	Zīp C	Code
Source of Covered Transfer—Name of Individual who Signed Check or Authorized Covered Transfer		Amount	

	l See	Ad	diti	onal	Page	(s
L		TAU	α_{101}	VXX44.	X 442 V	10

INDEPENDENT EXPENDITURES

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NAME OF PERSON MAKING INDEPENDENT EXPENDITURE (As reported on Page 1, Line 1) TYPE C	F REPOR	Т	
F. Nesting Dolls Provision for Top 5 Covered Transfers Disclosed in C	Commu	nication	
Name of Person Making Covered Transfer to Person Reported in Section E.	THE PARTY OF THE P	r-varies/sub-projet-pro	
Address of Person Making Covered Transfer—City (If known)	St	ate	Zip Code
		,	
Name of Person Receiving Covered Transfer as Reported in Section E.		Expenditure N	unber
Name of Person Making Covered Transfer to Person Reported in Section E.	al and any of the same		
, , , , , , , , , , , , , , , , , , ,			
Address of Person Making Covered Transfer—City (if known)	St	ate	Zip Code
Name of Person Receiving Covered Transfer as Reported in Section E.		Expenditure N	umber
Talled A Talled Accounting Colored Analysis and Application of the Colored Analysis an			
Name of Person Making Covered Transfer to Person Reported in Section E.			
Address of Person Making Covered Transfer—City (if known)	l St	ate	Zip Code
Address of Person Making Covered Transfer—City (y known)		uic.	Lip code
Name of Person Receiving Covered Transfer as Reported in Section E.		Expenditure N	umber
		ĺ	
N. C. Maria C. A. T. Care Dave Departed in Control C			
Name of Person Making Covered Transfer to Person Reported in Section E.			
Address of Person Making Covered Transfer—City (if known)	St	ate	Zip Code
Name of Person Receiving Covered Transfer as Reported in Section E.		Expenditure N	umber
Name of Person Receiving Covered Transfer as Reported in Section 12.		Experience	amou
Name of Person Making Covered Transfer to Person Reported in Section E.			
ATT. SP. Maria Compared Circle (if heaven)	St	ate	Zip Code
Address of Person Making Covered Transfer—City (if known)	"	al.C	Eip Code
Name of Person Receiving Covered Transfer as Reported in Section E.		Expenditure N	umber
an Million III Carp no distributor			
Name of Person Making Covered Transfer to Person Reported in Section E.			
Address of Person Making Covered Transfer—City (if known)	St	ate	Zip Code
		Errondik M	
Name of Person Receiving Covered Transfer as Reported in Section E.		Expenditure N	umu61